

**Criminal Case Cover Sheet****U.S. District Court - District of Massachusetts**

Place of Offense: Category No. II Investigating Agency FBI

City Boston, Elsewhere

**Related Case Information:**

County Suffolk, Elsewhere

Superseding Ind./ Inf. \_\_\_\_\_ Case No. \_\_\_\_\_

Same Defendant \_\_\_\_\_ New Defendant \_\_\_\_\_

Magistrate Judge Case Number \_\_\_\_\_

Search Warrant Case Number 21-MJ-2029 through 2040-MBB

R 20/R 40 from District of \_\_\_\_\_

**Defendant Information:**Defendant Name Gyulnara Bayryshova Juvenile:  Yes  NoIs this person an attorney and/or a member of any state/federal bar:  Yes  No

Alias Name \_\_\_\_\_

Address (City &amp; State) \_\_\_\_\_

Birth date (Yr only): 1965 SSN (last4#): 1923 Sex F Race: \_\_\_\_\_ Nationality: \_\_\_\_\_

Defense Counsel if known: \_\_\_\_\_ Address \_\_\_\_\_

Bar Number \_\_\_\_\_

**U.S. Attorney Information:**

AUSA Laura J. Kaplan Bar Number if applicable \_\_\_\_\_

Interpreter:  Yes  No List language and/or dialect: \_\_\_\_\_Victims:  Yes  No If yes, are there multiple crime victims under 18 USC§3771(d)(2)  Yes  NoMatter to be SEALED:  Yes  No Warrant Requested  Regular Process  In Custody**Location Status:**

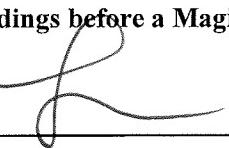
Arrest Date \_\_\_\_\_

 Already in Federal Custody as of \_\_\_\_\_ in \_\_\_\_\_. Already in State Custody at \_\_\_\_\_  Serving Sentence  Awaiting Trial On Pretrial Release: Ordered by: \_\_\_\_\_ on \_\_\_\_\_Charging Document:  Complaint  Information  IndictmentTotal # of Counts:  Petty \_\_\_\_\_  Misdemeanor \_\_\_\_\_  Felony 10 \_\_\_\_\_

Continue on Page 2 for Entry of U.S.C. Citations

 I hereby certify that the case numbers of any prior proceedings before a Magistrate Judge are accurately set forth above.

Date: 02/03/2021

Signature of AUSA: 

**District Court Case Number** (To be filled in by deputy clerk): \_\_\_\_\_

**Name of Defendant** \_\_\_\_\_ Gyulnara Bayryshova \_\_\_\_\_

**U.S.C. Citations**

	<u>Index Key/Code</u>	<u>Description of Offense Charged</u>	<u>Count Numbers</u>
Set 1	18 U.S.C. § 1349	Conspiracy to commit mail fraud and health care fraud	1 _____
Set 2	18 U.S.C. §§ 1341 and 2	Mail fraud, aiding and abetting	2-9 _____
Set 3	18 U.S.C. §§ 1347 and 2	Health care fraud, aiding and abetting	10 _____
Set 4	18 U.S.C. §§ 981(a)(1)(C), 982(a)(7); 28 U.S.C. § 2461(c)	Forfeiture Allegation	_____
Set 5	_____	_____	_____
Set 6	_____	_____	_____
Set 7	_____	_____	_____
Set 8	_____	_____	_____
Set 9	_____	_____	_____
Set 10	_____	_____	_____
Set 11	_____	_____	_____
Set 12	_____	_____	_____
Set 13	_____	_____	_____
Set 14	_____	_____	_____
Set 15	_____	_____	_____

**ADDITIONAL INFORMATION:** \_\_\_\_\_

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**Criminal Case Cover Sheet****U.S. District Court - District of Massachusetts**Place of Offense: Category No. II Investigating Agency FBICity Boston, Elsewhere**Related Case Information:**County Suffolk, Elsewhere

Superseding Ind./ Inf. \_\_\_\_\_ Case No. \_\_\_\_\_

Same Defendant \_\_\_\_\_ New Defendant \_\_\_\_\_

Magistrate Judge Case Number \_\_\_\_\_

Search Warrant Case Number 21-MJ-2029 through 2040-MBB

R 20/R 40 from District of \_\_\_\_\_

**Defendant Information:**Defendant Name Slava Pride Juvenile:  Yes  NoIs this person an attorney and/or a member of any state/federal bar:  Yes  No

Alias Name \_\_\_\_\_

Address (City & State)Birth date (Yr only): 1980 SSN (last4#): 2725 Sex M Race: \_\_\_\_\_ Nationality: \_\_\_\_\_

Defense Counsel if known: \_\_\_\_\_ Address \_\_\_\_\_

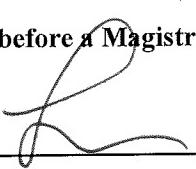
Bar Number \_\_\_\_\_

**U.S. Attorney Information:**AUSA Laura J. Kaplan Bar Number if applicable \_\_\_\_\_Interpreter:  Yes  No List language and/or dialect: \_\_\_\_\_Victims:  Yes  No If yes, are there multiple crime victims under 18 USC§3771(d)(2)  Yes  NoMatter to be SEALED:  Yes  No Warrant Requested  Regular Process  In Custody**Location Status:**

Arrest Date \_\_\_\_\_

 Already in Federal Custody as of \_\_\_\_\_ in \_\_\_\_\_. Already in State Custody at \_\_\_\_\_  Serving Sentence  Awaiting Trial On Pretrial Release: Ordered by: \_\_\_\_\_ on \_\_\_\_\_Charging Document:  Complaint  Information  IndictmentTotal # of Counts:  Petty \_\_\_\_\_  Misdemeanor \_\_\_\_\_  Felony 13

Continue on Page 2 for Entry of U.S.C. Citations

 I hereby certify that the case numbers of any prior proceedings before a Magistrate Judge are accurately set forth above.Date: 02/03/2021Signature of AUSA: 

**District Court Case Number** (To be filled in by deputy clerk): \_\_\_\_\_

**Name of Defendant** Slava Pride \_\_\_\_\_

**U.S.C. Citations**

	<u>Index Key/Code</u>	<u>Description of Offense Charged</u>	<u>Count Numbers</u>
Set 1	<u>18 U.S.C. § 1349</u>	<u>Conspiracy to commit mail fraud and health care fraud</u>	<u>1</u> _____
Set 2	<u>18 U.S.C. §§ 1341 and 2</u>	<u>Mail fraud, aiding and abetting</u>	<u>2-9</u> _____
Set 3	<u>18 U.S.C. §§ 1347 and 2</u>	<u>Health care fraud, aiding and abetting</u>	<u>10</u> _____
Set 4	<u>18 U.S.C. § 1035</u>	<u>False statements in connection with health care benefit programs</u>	<u>11-13</u> _____
Set 5	<u>18 U.S.C. §§ 981(a)(1)(C), 982(a)(7); 28 U.S.C. § 2461(c)</u>	<u>Forfeiture Allegation</u>	_____
Set 6	_____	_____	_____
Set 7	_____	_____	_____
Set 8	_____	_____	_____
Set 9	_____	_____	_____
Set 10	_____	_____	_____
Set 11	_____	_____	_____
Set 12	_____	_____	_____
Set 13	_____	_____	_____
Set 14	_____	_____	_____
Set 15	_____	_____	_____

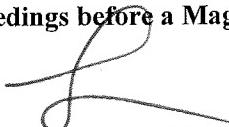
**ADDITIONAL INFORMATION:** \_\_\_\_\_

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**Criminal Case Cover Sheet**

Place of Offense:	Category No. <u>II</u>	Investigating Agency <u>FBI</u>
City <u>Boston, Elsewhere</u>	Related Case Information:	
County <u>Suffolk, Elsewhere</u>	Superseding Ind./ Inf. _____	Case No. _____
	Same Defendant _____	New Defendant _____
	Magistrate Judge Case Number _____	
	Search Warrant Case Number _____	21-MJ-2029 through 2040-MBB
	R 20/R 40 from District of _____	
<b>Defendant Information:</b>		
Defendant Name <u>Anna Barenboym</u>	Juvenile: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this person an attorney and/or a member of any state/federal bar: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Alias Name _____		
Address <u>(City &amp; State)</u> _____		
Birth date (Yr only): <u>1976</u>	SSN (last4#): <u>9195</u>	Sex <u>F</u> Race: _____ Nationality: _____
<b>Defense Counsel if known:</b> _____		Address _____
Bar Number _____		
<b>U.S. Attorney Information:</b>		
AUSA <u>Laura J. Kaplan</u>	Bar Number if applicable _____	
Interpreter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	List language and/or dialect: _____	
Victims: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, are there multiple crime victims under 18 USC§3771(d)(2) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Matter to be SEALED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input checked="" type="checkbox"/> Warrant Requested	<input type="checkbox"/> Regular Process	<input type="checkbox"/> In Custody
<b>Location Status:</b>		
Arrest Date _____		
<input type="checkbox"/> Already in Federal Custody as of _____ in _____.		
<input type="checkbox"/> Already in State Custody at _____ <input type="checkbox"/> Serving Sentence <input type="checkbox"/> Awaiting Trial		
<input type="checkbox"/> On Pretrial Release: Ordered by: _____ on _____		
Charging Document: <input type="checkbox"/> Complaint <input type="checkbox"/> Information <input checked="" type="checkbox"/> Indictment		
Total # of Counts: <input type="checkbox"/> Petty _____ <input type="checkbox"/> Misdemeanor _____ <input checked="" type="checkbox"/> Felony <u>13</u>		
Continue on Page 2 for Entry of U.S.C. Citations		
<input checked="" type="checkbox"/> I hereby certify that the case numbers of any prior proceedings before a Magistrate Judge are accurately set forth above.		
Date: <u>02/03/2021</u>	Signature of AUSA: _____	

**District Court Case Number** (To be filled in by deputy clerk): \_\_\_\_\_

**Name of Defendant** Anna Barenboym \_\_\_\_\_

**U.S.C. Citations**

	<b>Index Key/Code</b>	<b>Description of Offense Charged</b>	<b>Count Numbers</b>
Set 1	<u>18 U.S.C. § 1349</u>	Conspiracy to commit mail fraud and health care fraud	1 _____
Set 2	<u>18 U.S.C. §§ 1341 and 2</u>	Mail fraud, aiding and abetting	2-9 _____
Set 3	<u>18 U.S.C. §§ 1347 and 2</u>	Health care fraud, aiding and abetting	10 _____
Set 4	<u>18 U.S.C. § 1035</u>	False statements in connection with health care benefit programs	14-16 _____
Set 5	<u>18 U.S.C. §§ 981(a)(1)(C), 982(a)(7); 28 U.S.C. § 2461(c)</u>	Forfeiture Allegation	_____
Set 6	_____	_____	_____
Set 7	_____	_____	_____
Set 8	_____	_____	_____
Set 9	_____	_____	_____
Set 10	_____	_____	_____
Set 11	_____	_____	_____
Set 12	_____	_____	_____
Set 13	_____	_____	_____
Set 14	_____	_____	_____
Set 15	_____	_____	_____

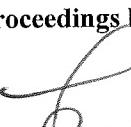
**ADDITIONAL INFORMATION:** \_\_\_\_\_

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**Criminal Case Cover Sheet****U.S. District Court - District of Massachusetts**

<b>Place of Offense:</b>	<b>Category No.</b> <u>II</u>	<b>Investigating Agency</b> <u>FBI</u>	
<b>City</b> <u>Boston, Elsewhere</u>	<b>Related Case Information:</b>		
<b>County</b> <u>Suffolk, Elsewhere</u>	Superseding Ind./ Inf. _____	Case No. _____	
	Same Defendant _____	New Defendant _____	
	Magistrate Judge Case Number _____		
	Search Warrant Case Number _____	21-MJ-2029 through 2040-MBB	
	R 20/R 40 from District of _____		
<b>Defendant Information:</b>			
Defendant Name <u>Raya Bagardi</u>	Juvenile: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this person an attorney and/or a member of any state/federal bar: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Alias Name _____			
Address <u>(City &amp; State)</u> _____			
Birth date (Yr only): <u>1985</u>	SSN (last4#): <u>1565</u>	Sex <u>F</u> Race: _____ Nationality: _____	
<b>Defense Counsel if known:</b> _____		Address _____	
<b>Bar Number</b> _____			
<b>U.S. Attorney Information:</b>			
AUSA <u>Laura J. Kaplan</u>	Bar Number if applicable _____		
Interpreter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	List language and/or dialect: _____		
Victims: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, are there multiple crime victims under 18 USC§3771(d)(2) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Matter to be SEALED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<input checked="" type="checkbox"/> Warrant Requested	<input type="checkbox"/> Regular Process	<input type="checkbox"/> In Custody	
<b>Location Status:</b>			
<b>Arrest Date</b> _____			
<input type="checkbox"/> Already in Federal Custody as of _____ in _____.			
<input type="checkbox"/> Already in State Custody at _____ <input type="checkbox"/> Serving Sentence <input type="checkbox"/> Awaiting Trial			
<input type="checkbox"/> On Pretrial Release: Ordered by: _____ on _____			
<b>Charging Document:</b>	<input type="checkbox"/> Complaint	<input type="checkbox"/> Information	<input checked="" type="checkbox"/> Indictment
<b>Total # of Counts:</b>	<input type="checkbox"/> Petty _____	<input type="checkbox"/> Misdemeanor _____	<input checked="" type="checkbox"/> Felony _____ 13
Continue on Page 2 for Entry of U.S.C. Citations			
<input checked="" type="checkbox"/>	I hereby certify that the case numbers of any prior proceedings before a Magistrate Judge are accurately set forth above.		
Date: <u>02/03/2021</u>	Signature of AUSA: 		

**District Court Case Number** (To be filled in by deputy clerk): \_\_\_\_\_

**Name of Defendant** Raya Bagardi

**U.S.C. Citations**

<b>Index Key/Code</b>	<b>Description of Offense Charged</b>	<b>Count Numbers</b>
Set 1 <u>18 U.S.C. § 1349</u>	Conspiracy to commit mail fraud and health care fraud	1 _____
Set 2 <u>18 U.S.C. §§ 1341 and 2</u>	Mail fraud, aiding and abetting	2-9 _____
Set 3 <u>18 U.S.C. §§ 1347 and 2</u>	Health care fraud, aiding and abetting	10 _____
Set 4 <u>18 U.S.C. § 1035</u>	False statements in connection with health care benefit programs	17-19 _____
Set 5 <u>18 U.S.C. §§ 981(a)(1)(C), 982(a)(7); 28 U.S.C. § 2461(c)</u>	Forfeiture Allegation	_____
Set 6 _____	_____	_____
Set 7 _____	_____	_____
Set 8 _____	_____	_____
Set 9 _____	_____	_____
Set 10 _____	_____	_____
Set 11 _____	_____	_____
Set 12 _____	_____	_____
Set 13 _____	_____	_____
Set 14 _____	_____	_____
Set 15 _____	_____	_____

**ADDITIONAL INFORMATION:** \_\_\_\_\_

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